



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
2500 Overlook Terrace
Madison, WI 53705-2254

In Reply Refer To:

Dear Health Profession Trainee,

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as _____(Position) from _____(date) through _____(date) under authority of 38 U.S.C.7405(a)(1) and (38 U.S.C. 513). During your period of affiliation with our facility, you are authorized to perform services as directed by _____ (Manager/Care Line Manager).

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Veterans Health Administration, such as leave, retirement, etc.

If you agree to these conditions, please sign the statement below. This agreement may be terminated at any time by either party by written notice of such intent.

Sincerely yours,

Stuart Souders, Coordinator
Human Resources

I agree to serve in the above capacity under the conditions indicated.

Signature _____

Date _____